

Conference Call – 7/4/2008

James Appleyard

Bernard Ferguson

Henry Haddad

Conference Call_

JA: Is that Bernie?

BF: Yes it is.

JA: Oh, right. I hope – Oh I don't know whether Big Mike is coming on. Mike is – I should have Henry.

HH: Hello?

JA: Is Henry there?

BF: Yeah, I just heard him - Henry.

JA: Good. Well, there is – there's three. Now, Richard said he was going to – might be available. You know that his wife has been very sick.

BF: No I didn't.

JA: And he was going to go away but I thought that he wouldn't now and might be available. He's expected to be available to join this call but I can't see him as online at the moment. And I haven't got – so there's just the three of us.

BF: Well, who is the third?

JA: Just Henry, you and I.

BF: Oh, okay. I thought there was going to be...

JA: There was going to be Richard and I hope to get Mike as well, Bordin.

BF: Okay.

JA: But I haven't – we just got a conference of three at the moment.

BF: Had you tried...

JA: That's a...

BF: Had you tried the others Jim?

JA: Yes. It goes through automatically. I'd put them on the list and they haven't replied. I don't know whether I could add them again. I'll try and add them again but he's not – you can tell. They come alive the green tick goes by their name.

BF: Yeah, there's nothing on the screen.

JA: There's nothing on the screen is there?

BF: No.

JA: I'll try (Gumpolt) again, Richard. No he doesn't seem to be. I'll try Mike's phone.

BF: It looks like Dick (Gumpolt's) connecting.

JA: Oh, is it? Oh, good.

BF: That's what it says on what I've got here. Big Mike and Richard (Gumpolt) connecting.

JA: But – I think it's trying.

BF: Oh, okay.

JA: User (inaudible 00.02.39). No, the calls have failed (inaudible 00.02.43). We may have to – that's a pity cause I really hoped to get Richard this time and Mike. I emailed – did you get my email earlier?

BF: I did, yes.

JA: With the...

HH: I just received it also.

JA: ...leaflet?

HH: Yeah.

JA: This is the sort of – I don't know how many revisions but...

BF: It looks good to me.

JA: It's just something that is a little bit more presentational and you can click on the link and you automatically go to the web site. So, I was hoping to engage people's attention that way.

BF: Yeah. I think that's a great idea and it looks – it looks perfect.

JA: Right.

HH: I agree it looks great.

JA: Now Bernie, I haven't got much on you. I've got a little (verniet) on all the others. Could you send me – cause going on our web site you don't have a...

BF: A CV

JA: A CV bio. Could you write sort of three lines I could put in there?

BF: Okay. Yeah, it's a little embarrassing because I'm an attorney and not a medical educator.

JA: That's right but you can say you're experienced in...

BF: Regulatory.

JA: Yes, it was in regulatory matters aren't you? You're an authority.

BF: Yeah. On regulation that's true. I have represented governments and I'll put it in a CV.

JA: Yes. I think to go heavy on the regulation bit yes.

BF: Okay.

JA: And your association with medical schools from – what you – you gave advice wider than Saint George's didn't you?

BF: Oh, yeah. At one time I represented three at the same time and I had got lawsuits in and been a lobbyist in twenty states.

JA: Right.

BF: So, I have...

JA: You have extensive experience.

BF: Yes.

HH: I wouldn't mention lobbyist. I'd mention you're a regulator, an expert on regulation.

JA: Yes.

BF: Yeah, it's a – well on law there were – sometimes I proposed laws and sometimes I opposed them and almost every time I prevailed so that's something. But I won't – I'll just mention that I had represented them in legislatures in courtrooms and before medical boards.

JA: Right. I think before medical – yes would be very good.

HH: Closely aligned with medical schools.

JA: Yeah.

BF: Yes. Oh, yeah. I've been – when there were any issues of compliance and regulation and accreditation those were the types of things that I did do.

JA: Yes.

BF: So, I can say I've had extensive experience...

HH: Well, Jim you can say...

BF: In the section of – yeah I can say that. Yeah.

JA: We'll try and get a few words like that.

BF: Well, he brings a much.

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HH: -- much needed expertise to our association.

JA: Absolutely right. You provide the framework.

HH: Absolutely, I mean we should mention that. You bring some absolutely important expertise to the association which physicians don't usually have.

BF: Yeah that's –

JA: Any individual physician certainly does not have that.

BF: That was one of the biggest surprises I had when I became involved on the issues were that most physicians weren't even interested in the regulation -

HH: Regulation.

BF: - political spectrum et cetera. There were just a very, very few that had a real interest.

JA: They just would only – they just wanted to get on the job. This is what you find out; people have their head down in this country. They don't look at what's going on above them or around them.

BF: And that's really tragic. I had an e-mail from Jerry Thornton he had been with St. Mathews, and he asked me about a Dr. Jared S. Flood.

JA: Oh yes, you e-mailed me and I have got – I have been on to the GMC side to see whether he is registered in this country. They said he is not registered.

BF: He is not registered here either.

JA: No.

BF: So he is trying to start an international accrediting organization working with the AMA but his own credentials, he said, he went to Doctor of Medicine St. Christopher's in Luton, England. Well, St. Christopher's was found to be fraudulent.

JA: It was. And it stopped. It was shut down by the GMC. It was 2004 wasn't it as I remember and I did it one time and it wasn't called this additional name, the **(center phonetic 0:02:03)** of these names at the time. So, he must have graduated from rebirth of it.

BF: Well, it couldn't be because he got his Bachelor of Health Sciences into – and working on his Bachelor in Basic Sciences which was his major. He was still in government, president 2003, 2004. So here actually is an example of when we have the schools that are operating within countries and the country doesn't know about it, but the country hasn't authorized it but they haven't done anything about it. The GMC is very frustrated with this, very frustrated.

JA: Yes, yes. It's difficult what their jurisdiction is. The GMC doesn't have a jurisdiction in registering their degrees. But of course I suppose it's there in Europe. They will have to do that if it's registered by another European country. But with regard to Senegal I don't think there is any –

BF: Any ties.

JA: No. No, I mean they certainly would not have to have register and the last time I remember talking with them, each doctor was going to be being considered on his or her own merits.

BF: Now when I had gone through the New York State approved schools, I did see that one school had two Canadian hospitals and I sent it up to Henry. I know this come to you as a shock to you Henry.

Henry Haddad: Yeah. And I looked into their website and they don't mention much about it. They don't mention anything about it in fact. And – so I don't know what's going on. I am going to probably talk to Nick Busing who is the CEO of the Association of Medical Schools, to see if he knows anything about it.

BF: And they also claim that they can get their student loans out of Canada.

JA: Golly! So you mean that they've got an educational base in Canada?

BF: Yes. Henry is a real smart cookie and he knows the 17 schools and he never heard of it.

HH: I can't. I don't see how they can get money from the Canadian government, I mean --

BF: For student loans.

HH: Student loans are provincial jurisdictions. I mean they are given to student's duly registered in Canadian Universities. I just don't understand.

BF: I don't understand it either, but I do know that there are schools operating under the radar in the United States. I do know they send them in for clinical training in hospitals that are not teaching hospitals, I do know the same thing happens in England and I am shocked to find it happens in Canada. But there it is. It is reported to go to the -- our data bank has the New York State approved schools and when you go to it you will find the information on these schools. All they have to do is click it and there it is.

HH: And this hospital in Windsor, I can't see. I can't see where it is the teaching hospital affiliated to a Canadian medical school. I mean it's not clear in their website, I have looked at their whole website and I just can't see where it is a hospital affiliated to a medical school, a Canadian medical school.

BF: Well, this once you get everything out there, you can go to the website and report that this is what the accreditor of the New York State found when they reviewed these schools. These were the representations made and I don't think they have been verified. New York doesn't go to every hospital, nor does California. To verify that these are affiliated and there are written affiliation agreements and so on and we've even had a circumstance in this country where California disapproved and two years later New York State approved. It's hard to conceive of all of those improvements having been made in the two years difference. But maybe they were, I don't know but I can see a conflict here in this country. So internationally I think we do have a mess in England, in Canada and the US.

JA: Yes.

HH: There must be money changing hands somewhere.

JA: Yes.

BF: Well when Dorian Shillingford, I don't know if you remember Dorian.

JA: Yes, I do from the West Indies.

BF: Dominica.

JA: Yeah, Dominica.

BF: Yeah that's right Dominica. He was the chairman of the Dominican Medical Board and Ross University was there and Tom Monahan had trained the Dominican Medical Board on how to accredit Ross. And so they did that, and they were a good accrediter. They held their feet to

the fire and insisted the things be done, and they were done. However, Dorian was very conscientious that all of a sudden he was shocked to discover the Dominican government had allowed another medical school on Dominica. He was absolutely shocked and he did say that he fears that money may have changed hands. Because when he who is the president of the Dominican medical board and the medical board was the accreditor for Ross University and there was no, plan or no consultation and this new school to appear, he feared that something like that might have happened. And so that kind of thing is something that especially in the smaller countries is worrisome.

JA: Yes.

BF: By the way I do have software that is recording our conversation.

JA: Oh you do because I – I was hoping to get this recorded on Pamela. I don't know whether – is your software Pamela.

BF: No it isn't, its power –

Recorded message: This call is being recorded.

JA: I can record it now. I have got you know, the Pamela is part of Skype's recording business and I have just clicked on, now that we are sort of moving towards the formal business. I have clicked on so I will see whether your recording and my recording -

BF: Well let's see if they work.

JA: Work – yes, because it's very reasonable rates. We might just have to see. Shall we move to the – to our agenda then Bernie. I can't – having talked about Mr. Flood I have got no idea who he is. If he is related with the AMA I cannot believe that they would check up on his credentials.

BF: Yeah well he had sent out his perspectives for a new accrediting international organization and wanted the AMA to join it and the AMA would be checking on his credentials but they have a barrier because if he says he graduated from St. Christopher and St. Christopher was found to be fraudulent, they did have students. But what happened to the students and who has a record of who graduated that would be a mystery because the school disappears.

JA: Yes.

BF: So how could they prove or disprove that he ever went to the school when the school – England has no records and as you saw from that clip that I had from BBC, Senegal said they had no record of the school either.

JA: No.

BF: So here it is operating and there is a number of them, University of London's that are operating in UK as we speak.

JA: Yes. Anyway I would keep a watch on this. I have one or two people I know at the end. You probably know more I mean at the administrative level, people like Robbin Venice who have been there for long, long time. And I could easily e-mail her to find out if that – if there is any mileage in that. But I very much doubt that the AMA would liaise with kind of entrepreneur like that.

BF: Yeah. I did check to see he is not registered with the AMA and they have not listed at all and they have a list of every doctor in the entire nation whether they are AMA members or not. They have got some 600,000 doctors in their databank and they don't have him in the databank.

JA: Right.

BF: So, anyway. Okay. That resolution 73, one topic on our agenda and that was the required quorum for the meeting of the board of trustees and –

JA: What – what's it – that's what I was uncertain about?

BF: The annual meeting.

JA: Was it annual meeting of the trustees or the annual meeting of the advisory council?

BF: Yeah.

JA: Because –

BF: Yeah. That in our bylaws was to be sure that we had at least half of the voting members –

JA: Of the board of trustees.

BF: The board of trustees would be there at the time we would change the bylaws.

JA: Now I am – I think that's important that the 50 percent of the board of trustees, I mean we could have a vote among the members about it and make sure that only a majority of the people who vote are – the difficulties is – with a quorum is finding today, you can't really get more than about a third of the people around and that's why I suggested that a quorum for a meeting would be a third, rather than half. But I think, if you are passing any changes in the bylaws you got to have a majority, would have a 75% or so of the people agreeing to them like. I don't know what you are organization has Bernie but I mean if it's some significant bylaw change well, I suppose bylaw yes, -

BF: The bylaws are significant.

JA: Yes.

HH: I think you need at least two-thirds majority for a bylaw but I think the other issues can be dealt with a quorum of 50 percent or even less because then we are going to run into problems but for bylaws we can make a special item as a two-thirds.

BF: Yeah there is a – well, it's even hard to discuss it now because Mahendra, wasn't he supposed to be with us?

JA: He approached – Mahendra hasn't made contact. I have talked with him recently me to do some work with him to try and get some of his schools having turned up with experience in the UK and I said I would look at the feasibility of this. I didn't make any promises. But I haven't really spoken to him since he – I immediately brought up. I think you noticed I sent you copies of my e-mail to him, immediately putting the IAOMC on the agenda and he said, when I talked to him, he hoped to work with us. So I have been sending him copies of all the times for the meetings. But unfortunately he hasn't got Skype on his computer. Arun has got Skype on his.

BF: So well, Arun had told me that he was adding in to Mahendra's computer. But he hasn't done it. The clinical sites in England with Poland because they are both under the same European tree. That shouldn't be a problem but it might certainly if –

JA: I am sure it will be a problem with the NHS in terms of giving priority to British graduates, British students. But normally what I found in practice that this school is using the clinical facilities locally. They use them inefficiently and I mean we – St. George's are still in the east camp, so they are – they have been there as you know for 25 years since we started the program here. So other Universities do come in still who are allowed in still. But anyway that was the only contact I've had with him and I said I hoped we will work together but I haven't had anything since.

HH: I agree with you. It is very difficult to recognize teaching hospitals to take in foreign students at the undergraduate level. I mean students – they can hardly have enough manpower, than their own students. So each student take a lot more time than their own students. So it is a big problem. I mean I have arranged an exchange program with France and we do take certain number of kind of students that come here for electives for maybe 2 months a year. But we can't take more than about a dozen a year. And those that kind of love it here and we send students to various hospitals in France for the electives. But these are for electives, not for obligatory –

HH: -- take obligatory rotations but you can't take a lot. It's impossible. You don't have the manpower to prove that you –

JA: No, I mean we would have to use the money. I mean he was – it would be on the fees would come. Unlike the fees from Kings in London and they send students here, they only send a little bit of money, they keep the rest. Under this kind of field the money would come to the University that the University of Kent or another University who would obviously use the money to employ staffs to train them. But that's probably down the line but this is what I am currently starting to talk to Arun and Mahindra about.

HH: You make more – you make more money seeing patients than you do teaching students.

JA: Oh, yes. Oh, no there is lots and lots of money directly to be made as teachers and this is one of the issues now because the positions in this country and there are lot more money now, and don't have –

HH: So what they have to look at and tell them is how they have improve their own terms of training.

JA: Yes.

HH: I mean that's what they have to do. They have to be self sufficient, be able to improve and learn how to train their own students.

JA: And one could do that, in a partnership arrangement, so that there was a mutual growth actually between the two Universities.

BF: Yeah, and New York had noted that Poland has enormous hospitals and wonderful training facilities. New York recommended that they do their clinical training in their third year of their course in Poland because the clinical training is excellent. But they wanted to come here for their electives because that would line them up for graduate training in this country. And that's the way they thought they should do it. So Poland has excellent, excellent teaching hospitals. They are in very good shape there.

JA: Yes, Lublin and Silesia are well established institutions. It's just that under the communists I guess, they got a little bit bogged down.

BF: Well, they don't – I don't think they have an accrediting system in Poland. Yeah, there is the assumption that every country has some type of accrediting mechanism. That's wrong. Many countries have none. Nothing, nothing at all and in some countries if you graduate from a medical school in that country you get – you go right into practice without any – there is no test in Turkey for example.

JA: It's just a matter of registering your degree with the government or something.

BF: That's exactly right. That's exactly right. So the idea of having an international accreditation is going to be alien to many countries and most schools look on the accreditation as an intrusion and they are not anxious to go through the accreditation process.

JA: Yes.

HH: And they don't even know how to do self study analogy. I mean they can't sit down and study themselves.

BF: They have never done it.

HH: They don't know how to do it. They have never even thought of doing it to do a self study analysis.

BF: That's why in our self study we named the committees and we told them how to do it, and we told them to keep minutes and we told them where they should get input. That's why it was designed that way because many don't have this at all.

JA: Right.

HH: But the problem is, how do you change the mindset? I mean they are comfortable in their mindset. They feel they are doing okay and the problem is how do you change their mindset? Any change is very threatening and that's what we are up against.

BF: Well, one of the – you are right. But there is a few things that are with us. The England, the United States and Canada are considered as leaders in research and leaders in medical education, those credentials from here are acceptable world round except perhaps North Korea or a few countries that are kind of out of the mainstream.

HH: (0:05:17 Inaudible).

BF: Yeah.

HH: (Inaudible).

BF: Outside of that, so if we had US school or Canadian schools or UK schools that accredited that would bring many others, it's that first credential. That's what –

JA: yes.

BF: – is holding us up. Poland has submitted their application to California and I am told when they finish filing with California, California sent back objections and they are now refining their documents but they had submitted their documents to us. Leo found objections and sent it back and that's well over a year ago and they haven't replied.

JA: That's at Lublin and Silesia, both those Universities.

BF: And I don't know when either of those are going to make the submission because some of the things that we have in our standards are new to them and remember these – in most of the world they are government schools and the government schools that compete for national funding. So there are internal political situations that need to be considered.

JA: Yes, I can see that.

BF: Yeah, so it's difficult.

JA: Anyway going back to the quorum, do you want to write that we would have a quorum of actual meeting of about a third but if we are going to change the bylaws, it will require a two-thirds majority of the members of the board.

BF: Okay.

JA: I don't know, what do you think Henry?

HH: I think that would be fine.

JA: Yes.

HH: The only objection we'd make is for the changed bylaws.

BF: Okay.

JA: And the question then is what is the quorum of the other – because normally you have a sort of quorum that goes right through an organization. If you are having that quorum of the ethics committee but –

BF: Well, in ethics and in the advisory council –

JA: There has been no particular quorum.

BF: Yeah, and even in the site visitors I think they will try, all of them will try to reach a consensus.

JA: Yes.

BF: But, they don't have a protocol for the site visitors yet, and we need to have that. And we don't have a line of communication with a secretary for each of the committees and we need that straight and some of the members in the advisory council have a verbal commitment and I don't know if, when it comes time to participate with a wish to do that.

JA: Well, what I suggest – I have put those draft letters to the different people and I suppose we could – one was a sort of update for our existing members of the panel and the people, together with our leaflet, so that they would know that the remit of the organization has been extended. So, it's – because they may well not have consulted a website to see what was going on. It's probably worth targeting them or encouraging them and perhaps sending out a wider e-mail. I've got to hold this off different organizations and things we could target with the letters, the draft letters that I sent to you and I don't know whether Bernie you could red-pin to make sure that they are trying to make them as consistent as I could with the general philosophy you put forward and we share and consistent with the words in the – on the website. What do you think?

BF: Yeah.

JA: I mean if we could – we may start getting more replies and I hope to see the president of the – current president of the BMA over dinner before too long. I capture between meetings. So to try and encourage interest and I will be going out to the meeting and networking with the annual meeting in a few weeks, networking with the key players in some of the British Medical Associations and some of the college academics who attend as well. Because I think personal contacts, as Henry, as we discussed last time is very important. But occasionally you got to raise awareness by trying to find an enthusiast who may pick up some of the points up if they do get an e-mail.

BF: Yeah.

JA: Are you happy that one goes ahead and does this subject to your writ?

BF: Absolutely. It's – at meetings we had Mike go to the Federation meeting and I asked him to – this has been an opportunity to present to the people who attended the meeting that IAOMC is alive and well and welcomes regulators to participate in a regulatory panel.

JA: Right, of which Mike is the Chair.

BF: Well he is the chair of the, that section...

JA: Yes.

BF: But we need more regulators on the panel...

JA: Yes.

BF: ...and we need to have regulators from different countries participating because of the recognition of the, the bottom line is the recognition of the accreditation is, is by the provinces or states or countries and if nobody is going to recognize it in the schools really don't want to have any review than there is no accreditation process at all.

JA: So I'll, I'll do this, Bernie could you just have a look at those lessons again. Henry if there's anything else you want to change and then otherwise within a few days I could send them out and I could also send out the latest drafts of the thing as an attachment also a leaflet and I've tried to do that if you may require site tweaking to engage people with visually to have some immediate impact of what we're about. And for questions which I understand asking questions is something that and providing arts is at it where is a better way of engaging people and thus providing them with information that sell. I don't know what you think about that Bernie, is that a reasonable approach?

BF: Yes, it's an excellent approach.

JA: So it's okay to do that and see what kind of response we have. Judging by Charlie, when he started, his response was only one, and that was Granada. But, to his, his letters to all the governments of the world but I think there may well be among academics particularly in

developing countries who might, and I've got some contacts through the WMA and other people in the various countries. We may get some contacts.

BF: And I would certainly, I do see that the, the people in Iraq are very anxious to...

JA: Yes, well they will want to come back in the fall. Their doctors there will want to be identified with something that is international in order to get their credibility.

BF: I do think that the doctors in Egypt and the other countries that are joining with Iraq back in the medical journal and exchanging faculty members.

JA: Yes, that's excellent.

BF: Now they're anxious to be a part of the world, so to speak.

HH: Well, we need their, I think that the idea of going, utilizing the membership that will make them associate from this is good; we could probably get some champions there.

JA: Yes.

HH: The other thought that came to my mind, is there any utility or usefulness than looking at the political aspect in these countries? And sensible to making more sensible advising more ministers of health, if there's a higher education in these countries. I'm sure these ministers of health, ministers of higher education from these countries know zero about accreditation...

JA: We could, we could do that to the WHO then...

HH: That's exactly what I was thinking of.

JA: Yes.

HH: Exactly what I was thinking about.

JA: Yes.

BF: I sent in the application to the NGO for WHO and they never even acknowledged receipt so it's hard to tell what they're intending to do. I tried to follow through and didn't meet with any success so I...

JA: on the leaflet, I've said we've applied so, I mean that shows willingness or a wish to be associated. The mention is the WHO is fully government while the associations with the, medical associations but sometimes the WHO takes time to go through their due process. I don't know the WMA may itself take significant time to get recognized by the NGO. And until Delong and Elan came in, it wasn't accredited yet, the common world medical association was, anyway, that's a long change. That shows sometimes that it does take a time to get it set to.

HH: But the WMA doesn't partner with any accredited schools. Has it ever thought of partnering with anybody?

JA: Well, it's, it's the formed the World Federation for Medical Education hence (unclear) group based in Copenhagen and they're put out their documents and we've given them, as it were one of the founders of the World Federation for Medical Education. But that really was set in standards, they really didn't set itself up to accredit.

HH: That said, it didn't visit medical school.

JA: No, and there were suggestions the standards were adopted by the country and then it was up to the country to go ahead and accept the standards to do that or nothing at all.

HH: Absolutely, I mean it's useless, you got to twist arms and.

JA: It's got to be some added value, it's added value could be profession; their accredited so therefore we can work with you as equals or in that area. We have added value because somebody recognizes us.

HH: Maybe we should spend some time talking to the CEO of the World Medical Association just to see what he thinks about this.

JA: Yes.

HH: I'd be interested, I'm sure they're interested in the quality of medical education, I mean the documents which we adopted when I was chairman of the Social Medical Committee, you know that excellent document I made on medical education was adopted by the Medical Association. So it's very nice to have these documents if you're not going to do anything about it. Now are they interested in doing something about it? Are they interested in partnering with an organization that's legitimate like ours and then utilizing the influence that had with their member in order to try and find champions in different parts of the country? We don't want 30 countries to fall in that one, if we can get a half a dozen and your right, the Egyptian person I know him, he's a very nice person, he's a former Dean, I think he's an Urologist. So maybe it would be worthwhile to talk to him over and see what he thinks.

JA: To code that, yes, I didn't think he was on his own radar screens, he has a limited screen. The medical education used to have their meetings which overlapped with a lot of our meetings which was not very satisfactory. But, I was on their last cruise continuing education; they've got their three faces of medical education with relevant standards. And the WMA may support it those in principle. But, though in practice, nothing's actually happened and...

HH: What about going through the chair?

JA: I do think we need a champion like Dr. Hill.

HH: Dr. Hill, I mean he has, former President of WMA, he's a pretty enlightened person, I'm sure if we could get him on our side, I'm sure he could use his influence to get this moving. We already him...

JA: Yes. Usually, the Americans come over to our meetings in July in Edinburgh and I'm sure they will they're recent president will. I could certainly have time and talk with him.

HH: Who's the president now?

JA: I'm not sure who, he's moved on since that day.

HH: The president that was there a number of months ago is dying.

JA: Is he?

HH: He has cancer.

JA: Oh no.

HH: A young man there, a young man, the young man from Detroit, he's in his 40s.

JA: Oh goodness.

HH: Very nice young man, he's in his 40s, he's dying from pancreatic cancer.

JA: Oh I saw somewhere about that, yes.

HH: Yeah, I mean it's a tragedy. He was in Vancouver when I was there last year and it's awful.

JA: It's a horrible thing, isn't it, pancreatic cancer?

HH: Well, it's a death sentence.

JA: It's sad.

HH: It's a death sentence. Well maybe we should look at seeing what Dr. Hill. I mean, you know, he's a, quite different from the former chair, he likes to get things done.

JA: Yes.

HH: And he likes to get things done and he was part of the, he was responsible for doing that document on medical education which was mainly the AMA document. They had some other countries work, but that document was really AMA – American Medical Association. He was the one that was that defended it out of the members that were presented in my committee so maybe interested to approach him.

JA: Right, yes.

BF: Are there any meetings of any organization, it would be good if someone would stand up and announce that there is IAOMC and everyone is invited to participate. Whether it be the WMA or the CMA or the AMA or the DMC or any specialty, we'll let them know that they're welcome.

HH: Well, what's good Bernie that if we could make a presentation at the World Medical Association meeting – they're all there? Everybody's there, you know we hit the CMA and the AMA and the DFA and the French, the South Americans, they're all there. So if we can hit the World Medical Association, we have a huge audience there even if we can convince 10% of them we're way ahead of the game.

JA: yes.

BF: Just get getting on the agenda to speak is and introduce the idea would be useful.

JA: Yes, I'll set to include all the people. I've got their emails, all the people there to have an initial and some of them if I know personally, I will write personally to see, to test the waters there, but there's nothing like a personal communication at a meeting like that just as you found Bernie when you started recruiting people yourself.

BF: It's so true, I, the only way I was able to recruit site visitors was to go to the AAMC: meetings and have a booth and hand out flyers and personally explain they were done each of their people will be recruited one by one personally

JA: And that's one possibility. It would require funding just to have a booth at the WMA as well as a presentation so lots of time, it's, it's, the program in terms of presenting, making a special presentation is in the hands of the local medical association as well. And, there are not many, sort of applicants - having this allows air time but they do allow booths.

BF: They do allow booths and they charge you for them. I paid, I think \$850 at the Federation State Medical Boards and I think \$750 at the AAMC but I did find that their organizations, they were listed as having a room for any questions on their organization. The federation has several other organizations that meet at this federation meeting and they, are listed as having rooms at a certain time and a certain place. So that even if we don't have a booth and pay for it, they will allow us, well some of them will allow a room where those who are interested in that particular topic may go. We did have a luncheon meeting at the AAMC. It was arranged for us to have a room by Mala Chenoy. She got us a room and that's very helpful.

JA: Yes.

BF: And announcement at the meeting and listed in the program as having a room and that, that in itself will bring a few people.

JA: That's certainly worth thinking about. The next meeting assembly is in Seoul in October but that's a big expense to, to be going.

BF: Well, maybe Mike will go to the federation meeting, I think it's the next meeting is in, not the federation but the IAMRA is meeting in South Africa.

JA: Right.

BF: And maybe Mike will go and if he goes, as he had done with the federation, he could announce and he could answer questions, one on one and bring some people aboard.

HH: I remember the name of the President now, Ronald Davis.

JA: Oh yes, yes, I know his family, oh golly. I think he was just coming on last time I attempted...

HH: Yeah, probably you're right because he attended, he was in South Africa with us and he came to the end and he had met me last year in Vancouver.

JA: So he's the current president?

HH: Well, I don't know how his health is. I know that he was active. I found out just about over Christmas Holidays or just after the Christmas Holidays when I received an email from the WMA.

BF: I remember now.

HH: But that's a whole five months ago, about six months, yeah.

HH: That's a tragedy.

JA: At that age, it's a terrible tragedy.

HH: Absolutely, so maybe we should, Dr. Hill, I think we can get him on our side he'd be unbelievably useful.

JA: Right. Should I write him a personal letter?

HH: I think that would be great, yeah, I think that would be great, you could mention and also you can mention us meeting him there or quite close, you know and we had discussed it together and we found that that would be interesting to get him onsite and have a presentation sometime at the WMA meeting or something.

JA: I mean, I think the technique we take because it's not government, it's the professions, this is close to self regulation because the problem is the government regulation is. It's now an issue

which following leaving the WMA, their office of great interest to the medical association because government is becoming increasingly a, because of the cost of health care,....

HH: Well, it's a health thing.

JA: Yes.

HH: Well, I agree with you, I think it would be dangerous to have the government, I think we have to deal with the profession.

JA: Yes. And the ministers of Health, I think rather than government it would be, if I can get hold of some ministers of health or influential people.

HH: We need to educate them.

JA: Yes. I mean the first shock would be raising awareness about this and we'll see whether...

HH: Absolutely.

JA: ...we can get any enthusiasms from other countries. So I'll get them to do this while I'm doing this article for Iraq as well.

BF: The governments essentially are all the same. They were essentially all the same and in the democracies, first of all there has to be some type of crisis to get them to move. And then when there's a crisis, that's, they want everything in sound bites and they want it very quickly and they'll throw something in place such as in the United States if you heard the three candidates, three candidates, they're all going to change medicine,...

JA: Yes.

BF: ...the prices of medicine, they're going to have more people insured, they're going to have less expensive, they're going to do everything. And in the meantime, not of the three really knows the subject of what they're, of what they're dealing with. And, and where it's going and they'll do it in a crisis and they'll press that thing through and it will take years to straighten it out. It took a long time for England to straighten out the NIH and it still could use improvement.

JA: Well, I mean they've been taking it, after the initial change was very sudden and then they are now organic growth where the profession was recently had a sense of ownership in the NHS now that's all changed and the latest significant change is in the health service have not been good, have not been conducive to a professional environment. So people are not happy even though they've been paid a lot more money so in some ways the government has bought the soul of the profession and that's not a good thing.

HH: Well we're seeing this more and more you know, I mean they're paying doctors more and more here and you're right, you know, they're getting the soul of the profession. They can deal

with them, gave them the nothing, pass the legislation you want , give them the information they want.

JA: Yes.

HH: That's the whole game there.

JA: Yes.

HH: I remember when I was president of the Medical Association, I sat with the minister of Health, the Canadian minister of Health, very bright guy called Alan Roth, very articulate, very bright. And when I started talking to him about accreditation in medical schools, he felt I was coming off another planet. He knew absolutely zero about how medical schools operated. They had to be accredited and so on. So if he doesn't know anything about it, it's hopeless for most of the world.

JA: Yes.

BF: Well, he is typical of what you'll meet around the world.

JA: Right, well I'll get on and do that. So tell me what, we dealt with the quorum, have we? And we won't stress it by quorum the advisory council, other committees of the ION say as such. Is that right? Do you want to have a...

BF: Each one has its own set of bi-laws, in other words, the advisory committee has it's bi-laws and the ethics committee has it's bi-laws and they all have the email votes and....

JA: Right, right.

BF: ...so the by-laws we're talking about are for the annual meeting.

JA: Meeting, right.

BF: ...and they themselves, if the ethics committee wants to go by consensus but they can amend the way they do things themselves. Each one is independent.

JA: Right, but we're responsible too – the board and therefore, we're advisories you ask for, we don't have executive power.

BF: That's right.

JA: Yes, that's fine. So the areas we want to discuss is we want it to be our long term, short term goals. Immediate one is to raise awareness. I mean those and recruits, enthusiasts.

HH: And the embedded by champions.

JA: Five countries, six countries?

HH: Five or six countries, I think it has to be the one if we want to know if we can get a champion in Egypt or Seoul or somewhere and I think that can be done through the World Medical Association.

JA: Right. I'll certainly try to use all the email contacts I possibly can.

HH: Yeah, do that.

JA: And to try, yes, anything else Bernie, and I mean that's the agenda, we can review with you when, there's nothing else I can do with Lublin and Silesia.

BF: No, I think they, they have some internal problems, I don't know what they are, I wish I did and maybe I could help them.

JA: They're having a meeting in August and anyway you've been to one of them before to which Mahendra has invited me. They have some kind of conference in America.

BF: Well, that's their graduation ceremony.

JA: Oh is it a graduation ceremony? In August.

BF: Yes.

JA: Right.

BF: I had gone down there to New Orleans as the key note speaker for their graduation of both schools. And they bring in the Polish faculty from both schools and the students that had been gone to those schools who hope come to the graduation. They play the Polish and US national anthems. They had a graduation meeting in Canada one year. One year it was two weeks before the hurricane in New Orleans. It got hit two weeks later.

JA: Wow.

HH: Gentlemen, gentlemen, I'm going to have to leave you.

BF: Okay.

JA: Is the affiliation, I mean just trust finally in terms of we're done writing the letters. Should we press, I mean with Siamese go through the 18th for a step towards accreditation.

BF: Yeah, I have no idea because I can't seem to engage them in discussions.

JA: Right.

BF: I offered to go to Warsaw and meet with the Minister of health at the time I was in Italy. Mahendra just didn't answer my emails, so I came home.

JA: Anyway, I will keep on the contact and keep in touch with you about them. And Henry, very good to talk with you. I'll copy you in to all these activities.

HH: Okay, I'm here.

JA: And.

HH: I'll be more than available, okay.. Take care gentlemen, have a nice weekend.

JA: Good to talk to you.

HH: Bye now.

End of transcript